

# BAYSHORE

Family of Companies

## Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department.

Position(s) applied for: \_\_\_\_\_ Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Source:  Advertisement  Employee  Relative  Government Emp. Agency  
 Walk-In  Private Emp. Agency  Other \_\_\_\_\_

Name of source (if applicable) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Social Security Number \_\_\_\_\_ If necessary, best time to you at home is: \_\_\_\_\_  am  
 pm

May we contact you at work?  yes  no If yes, work number (\_\_\_\_) \_\_\_\_-\_\_\_\_

If necessary, best time to call at work: \_\_\_\_\_  am  pm If you are under 18 can you furnish a work permit?  yes  
 no

Have you filed an application here before?  yes  no If yes, give dates: \_\_\_\_\_

Have you ever been employed here before?  yes  no If yes, give dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally eligible for employment in the U.S.?  yes  no (Proof of U.S. citizenship or immigration status will be required upon employment)

Type of employment desired:  Full time  Part time  Temporary  Seasonal  Educational Co-op

Are you on layoff and subject to recall?  yes  no Have you ever been bonded?  yes  no

Will you relocate if job requires it?  yes  no Will you travel if job requires it?  yes  no

Will you work overtime if required?  yes  no Date available to work \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you able to meet the attendance requirements of the position?  yes  no

**Employment History:** List your four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Dates: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Job Title: \_\_\_\_\_

Immediate Supervisor & Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Starting hourly rate/salary: \$\_\_\_\_\_ Final hourly rate/salary: \$\_\_\_\_\_

Summarize the nature of the work performed and job responsibilities: \_\_\_\_\_

\_\_\_\_\_

May we contact for reference?  yes  no  Later

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Dates: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Job Title: \_\_\_\_\_

Immediate Supervisor & Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Starting hourly rate/salary: \$\_\_\_\_\_ Final hourly rate/salary: \$\_\_\_\_\_

Summarize the nature of the work performed and job responsibilities: \_\_\_\_\_

\_\_\_\_\_

May we contact for reference?  yes  no  Later

\*\*\*\*\*

Dates: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Job Title: \_\_\_\_\_

Immediate Supervisor & Title: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Starting hourly rate/salary: \$\_\_\_\_\_ Final hourly rate/salary: \$\_\_\_\_\_

Summarize the nature of the work performed and job responsibilities: \_\_\_\_\_

\_\_\_\_\_

May we contact for reference?  yes  no  Later

\*\*\*\*\*

Dates: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Job Title: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Starting hourly rate/salary: \$\_\_\_\_\_ Final hourly rate/salary: \$\_\_\_\_\_

Summarize the nature of the work performed and job responsibilities: \_\_\_\_\_

\_\_\_\_\_

May we contact for reference?  yes  no  Later

\*\*\*\*\*

**Comments** (including gaps in employment): \_\_\_\_\_

\_\_\_\_\_

**Skills and Qualifications**

Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position for which you are applying.

\_\_\_\_\_

\_\_\_\_\_

**Educational Background**

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned. D. Grade Point Average or Class Rank. E. Major and minor field of study (if applicable).

A. School	B. Years Completed	C. Degree/ Diploma	D. GPA/ Class Rank	E. Major	F. Minor

List any foreign language(s) you know and check the boxes that describe your skill level

Language	Speak Some	Speak Fluently	Read	Write

# References

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Telephone Number	Years Known

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which could reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization

Offices Held

List special accomplishments, publications and/or awards. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider:

It is understood and agreed upon that any misrepresentations by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

**Failure to complete this box voids this application.**

**The position you are applying for involved safety sensitive functions.**

**Are you always fit for duty for such a position?      yes      no**

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\* Required Information for Drivers or Positions involving Driving while on the job\*\***

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All applicants applying for positions that require driving a vehicle during work hours or driving a company vehicle must answer the following questions: (Failure to disclose this information may result in immediate termination)

Do you possess a NJ Driver's License? Please circle one: Yes No

Do you have a driver's license from any state other than New Jersey? Please circle one: Yes No

If yes, what state(s): \_\_\_\_\_

Are you presenting an out-of-state driver's license as identification?

Please circle one: Yes or No

If yes, what state(s): \_\_\_\_\_

Driver's license number (if job-related): \_\_\_\_\_ State: \_\_\_\_\_

Are your Driver's License Privileges now (or have they ever been) suspended? Please circle one: Yes No I don't know

If yes, please note which state, the dates and reasons here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any health conditions that would restrict your driving abilities? Please circle one: Yes No

If yes, what are those past or existing health conditions & what is your current condition:

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## Affirmative Action Voluntary Information

(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran's status or any other legally protected status.

This form is to be completed by the applicant, is not for interview purposes, and it to be filed separately from the application. This information is used to satisfy the Affirmative Action requirements of Section 203 of the Rehabilitation Act or as necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Position(s) applied for: \_\_\_\_\_ Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Referral Source**

Walk-in      Government Emp. Agency      Private Emp. Agency

Employee      Relative      School

Advertisement - Source: \_\_\_\_\_ Other: \_\_\_\_\_

Name of person who referred you (if applicable): \_\_\_\_\_

**Applicant Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_  Male  Female

Please check one of the following Equal Employment Opportunity Identification Groups:

White  Black (not of Hispanic origin)  Hispanic  American Indian/Alaskan Native  Asian/Pacific Islander

**Special Note**

To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam Era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified, please check if any of the following are applicable:

Vietnam Era Veteran (served between 1964-1975)  Disabled Veteran  Individual with a disability

## Motor Vehicle Record Review Consent Form

I understand that I am required to maintain a valid drivers license. Additionally, I grant \_\_\_\_\_ the right to review my motor vehicle driving record at anytime.

My current drivers license is issued from the state of \_\_\_\_\_ and is # \_\_\_\_\_.

If involved in an accident, the police report will be used to determine who was at fault. I understand that I am responsible for obtaining a copy of the police report. If the police report is not obtained, I will be considered at fault.

I am required to report any license revocation or suspension, regardless of whether the change was prompted by business or pleasure use of a vehicle, no later than 24 hours after the event occurs.

I understand that I can be terminated if I knowingly operate a company vehicle while my drivers license is suspended or revoked.

In accordance with the company's MVR review program, a review of my motor vehicle record may result in the following action:

- I maybe required to attend an 8 hour defensive driving training class prior to being allowed to drive a company vehicle. The class must be completed within 30 days of being put in a non-driving status. It will be completed during off duty time and at my expense.
- I may be put in a non-driving status for a year pending the next annual review.
- I may be terminated if a non-driving position is not available.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_